
Last Name

Amherst Leisure Services

Medical History

A parent/guardian should fill out this form. Please be as thorough as possible.

Participants Name: _____

Age _____ Current Grade _____ School _____ Date of Birth _____

Personal History

Check box beside those medical problems your child has had or currently has. Any other medical information you think may help us please indicate on a separate piece of paper (unless it can fit here).

<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Mild/Severe Ankle Issues
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Head Injuries	<input type="checkbox"/> Mild/Severe Knee Issues
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizure Disorder/Epilepsy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problem or Murmur	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Eyesight Impairment	<input type="checkbox"/> Other	

If any of the below are checked please complete the other side

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism	<input type="checkbox"/> Blindness
<input type="checkbox"/> Deafness	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Other

Allergies: Check and explain reaction/treatment

<input type="checkbox"/> Medicines	_____
<input type="checkbox"/> Food	_____
<input type="checkbox"/> Animals	_____
<input type="checkbox"/> Insect Stings	_____

Is the participant currently taking any medication?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

If Yes, Please Explain _____

English Language Difficulty 1 2 3 (1 no English, 2 some difficulty, 3 no difficulty)

In case of illness/emergency (when parents/guardians are unable to be reached), please notify:

Name: _____ Home Phone _____ Cell _____

Work _____

I am the legal guardian of _____ and give my permission for him/her to participate in any LSSE activity for which he/she is enrolled. Furthermore, I give LSSE staff permission to administer minor first aid if deemed appropriate. Should more than minor injury occur, requiring emergency treatment, I give permission to the staff to acquire the necessary emergency medical treatment (e.g. ambulance).

I have read and agree with above statement.

Parent/Guardian Signature: _____ Date: _____

Physicians Signature: _____ Date: _____

Form is not complete until signed.

This form will need to be filled out each season by a parent in case of any changes to medical history.